

53.301-18

48 CFR Ch. 1 (10-1-05 Edition)

53.301-18 SF 18 (Rev. 6/95), Request for Quotations.

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS RFO <input type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE	OF	PAGES
1. REQUEST NO.	2. DATE ISSUED	3. REQUISITION/PURCHASE REQUEST NO.	4. CERT FOR NAT. DEF. UNDER SDRA REG. 2 AND/OR DMS REG. 1	RATING		
5a. ISSUED BY			6. DELIVER BY (Date)			
5b. FOR INFORMATION CALL (NO COLLECT CALLS)						
NAME		TELEPHONE NUMBER		7. DELIVERY		
AREA CODE		NUMBER		<input type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)		
8. TO			9. DESTINATION			
a. NAME		b. COMPANY		10. NAME OF CONSIGNEE		
c. STREET ADDRESS			b. STREET ADDRESS			
d. CITY			c. CITY			
e. STATE		f. ZIP CODE		d. STATE		
e. CITY		f. ZIP CODE		e. ZIP CODE		
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE BY BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS (Date)						
IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on the form and return it to the address in Block 5A. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quote. Any representations and/or certifications attached to this Request for Quotations must be completed by the quote.						
11. SCHEDULE (Include applicable Federal, State and local taxes)						
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT	
(a)	(b)	(c)	(d)	(e)	(f)	
12. DISCOUNT FOR PROMPT PAYMENT			a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS
			NUMBER	PERCENTAGE		
NOTE: Additional provisions and representations <input type="checkbox"/> are <input type="checkbox"/> are not attached.						
13. NAME AND ADDRESS OF QUOTER			14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION	
a. NAME OF QUOTER			16. SIGNER			
b. STREET ADDRESS			a. NAME (Type or print)		b. TELEPHONE	
c. COUNTY			AREA CODE		NUMBER	
d. CITY			c. TITLE (Type or print)			
e. STATE			f. ZIP CODE			
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STANDARD FORM 18 (Rev. 6-95) Prescribed by GSA - FAR (48 CFR) 53.215-1(a)						

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